WV STATE DEPARTMENT OF HEALTH Office of Environmental Health Services **ENVIRONMENTAL ENGINEERING DIVISION**

T-741 P0003

F-750 ___

SW258

WELL COMPLETION REPORT

Date(s) 7/13/-7/14/01	Cour	ty	<u>Hampa</u>	shire Permit #: <u>DW-14-01-246</u>
Town: <u>Capon Bridge</u>	Area	Name	/Locatio	on Teahenry Estates Lot 4
Well Owner: Mika McIntine				Address: P. O. BOX 2302
Telephone Number: <u>540-858-2</u>	634			Winchester, VA 22604
Well Driller: Donald R. Mi	chael.			Address: 165 Lindey Lane
Telephone Number: <u>540-9.55-3</u>				Bernyville, VA 22611
WELL LOG				
DEPTH IN FEET FORMATIONS: KIND, THICKNESS, AND IF WATER BEARING				REMARKS:
0' to 20' overburd	en			Type of Well: domestic Drilling Method: air roatary
20' to 220' shale	to 220' shale			Welt Diameter: 6" Casing 0.0.; 6 5/8"
*				Well Depth: Date Completed:
205' waterkeaning				CASING: Length 40 Feet Height above ground 1 Feet
= 2				Steel Plastic Cast Iron
				Other
			1.	Туре
. 9				SCREEN
	12)	1		☑ None Installed
×	W.McG			Type Diameter
		7147/		Slot/Gauge Length
			18	Set Between Ft. and Ft.
				in a second seco
PUMPING OR BAILING TEST	2			WELL HEAD
DETAILS	#1	#2	#3	Pitless Adapter: Type, Make, Etc.
				Well Cap: Type, Make, Etc. Watestight (trega)
Static Water Level (Ft. Below Grade)			\vdash	Well Seal: Type, Make, Etc.
Pumping Rate (GPM)			\vdash	Well Platform:
Pumping Level (Ft Below Grade)			\vdash	
Duration of Test (In Hours) 3			Length Width Thickness	
Recovery Time to Static Level (In Hours)			Grouting: Yes I No All Public Water Supplies must be grouted.	
I hereby certify that this well was drilled is true to the best of my knowledge and		ucted L	ınderm	y supervision, in compliance with all requirements of the referenced permit, and that this record
ť			2 8	Donald R. Michael 505 Name Certification No.
(_a				Singhas & Michael Corp.
				Registaled Business Name 7/1,6/01
				Signed Date

08-15-'17 12:41 FROM-		T-741 P0002 F-750
INSPECTION TO BE	HEALTH DEPARTMENT	Permit No.:
PRINTED OR TYPED	SITE SEWAGE DISPOSAL SYSTEM	Tax Map:Parcel #:
County: HAMPS HIRE	A	County Road:
()	INSPECTION FORM	
Name of Owner Pour & Melanic	Ostest Verwish allen Installer: G	CARBRATER
Add 989 \a	Ill town Rd Winhe	(top VA 12607
Address: To 1	raj Acres hu	11-81-51
Property Location: VEG 65 C	The Manual Manual Manual No.	Las Sinas & ICY Sea St /Aprox
Type of Facility:	Facility is: New (TExisting ()	Lot Size: 7/1 1 Sept./Acres
Design Loading in gpd/No. Bedroo	ms: 381 Source of Water Supply	" well
	SEWAGE TANK COMPONENT	
Capacity in Gallons: 100 8	Material: Con cred Manufact	turer: U o (~
Distances (in feet) of Tank to: Du	relling: 30 Private (7)/Public (1) Water Son	irce: 95 Property Line: 18
Distances (in feet) of Tank to.		
S	ON-SITE DISPOSAL SYSTEM	
Class I Systems: Standard Soil A	bsorption Trenches () or Bed () Gravelless	Pipe (X), Diameter: 10 Inches
Chamber	Soil Absorption Trenches () or Bed ()	
Class II Systems: Pumped/Dosed	Soil Absorption Trenches () or Bed () Evapor	transpiration Trenches () or Bed (
	oil Absorption Trenches () or Bed () Other:_	
No. of Lines: Length (in	feet) of Each: 100 , 100 , 100 ,	
Width of Trenches: 24	inches/feet Depth to Bottom of Field: 36	_ inches
If Bed. Dimensions (in Feet):	If Chamber System, Name:	, No. of Units:
Approved and Adequate Materials	Used? Yes () No () Size Equates to: 900	Square Feet of Standard Gravel Fiel
Adictionar (in fact) of System to:	Dwelling: 50 Private (/)/Public () Water So	ource: () 2 Property Line: 10
	Dividing.	
Remarks:		
	Sketch of Installation with Triangulation or Dis	tanca to Cassific Landmarks
An inspection indicates that	Sketch of installation with Thangulation of Dis	o w W
the sewage disposal system	<u>.</u>	()
described above	3€ §	\sim
DOES MEET (2), DOES NOT MEET (),	9	Draw Arrow toward North
CANNOT BE DETERMINED TO		toward too
MEET () the minimum standards	House	
established by the West Virginia		No.
Bureau of Public Health.	· ·	100
To correct a health hazard,	-	
modifications to existing systems		
may be done to improve part of a	an n	(
system. Such modifications may	- Francisco	
not be able to be designated as a	1	
does meet system since	, have	2
inadequate information is known.		
Although many factors contribute to the successful		
functioning of a sewage disposal		
system, this office recommends		
evater conservation and		% a w
maintaining an even usage of	Not to Scale	
water throughout the week.	1001	THE STATE OF THE S
Visit Date(s):	_ _	_ 0
Visit Date(s):	1/	7/ 1
Final Inspection Date: 9	ーケーン Sanitarian:	- Ha

30.50